

# Job Description

## *Consultant in General Adult Psychiatry – North Cornwall*

SWD-PEN-CO-STH-2022-00753 (Approved)



Base:	Banham House, Bodmin Hospital, Boundary Road, Bodmin, Cornwall, PL31 2QT
Contract:	Number of Programmed Activities – 10 Substantive
Accountable professionally to:	Chief Medical Officer
Accountable operationally to:	Chief Medical Officer Associate Medical Director for Mental Health Clinical Director, Community Service Clinical Director, Inpatient Service
Key working relationships and lines of responsibility:	<p>Clinically the consultant will relate to the CMHT team manager, other members of the CMHT, other consultants in the locality area including inpatient consultants, and colleagues in primary care. Effective working will also require close liaison with other mental health services and teams.</p> <p>From an operational leadership perspective, the consultant will relate to members of the community leadership ‘quadrumvirate’ (the associate director of operations, the community clinical director, the head of nursing and allied health professionals, and the head of psychology and psychological professions). The wider strategic leadership relationships will be with the Chief Medical Officer, Chief Operating Officer, and Associate Medical Director.</p> <p>Overall professional accountability is to the Chief Medical Officer. All are ultimately responsible to the Trust Chief Executive Officer.</p>

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## 1. Introduction

This whole-time replacement post (ten programmed activities per week) has become available at an exciting time for community mental health services in Cornwall. As part of wider Community Mental Health Transformation plans our community mental health services are re-aligning to new locality working models. This developmental aspect will include a greater emphasis on primary care interface working as part of a new 'core model' of mental health care. This offers the post-holder a stimulating opportunity to influence service development alongside their clinical responsibilities.

Community mental health services in Cornwall are to be aligned to three localities (West, Mid, and East). There are two CMHTs in each locality, each with two full time consultant psychiatrists. This post falls within the East locality (North Cornwall CMHT and Caradon CMHT).

This post in the North Cornwall CMHT links with the following GP surgeries, with total unweighted populations included:

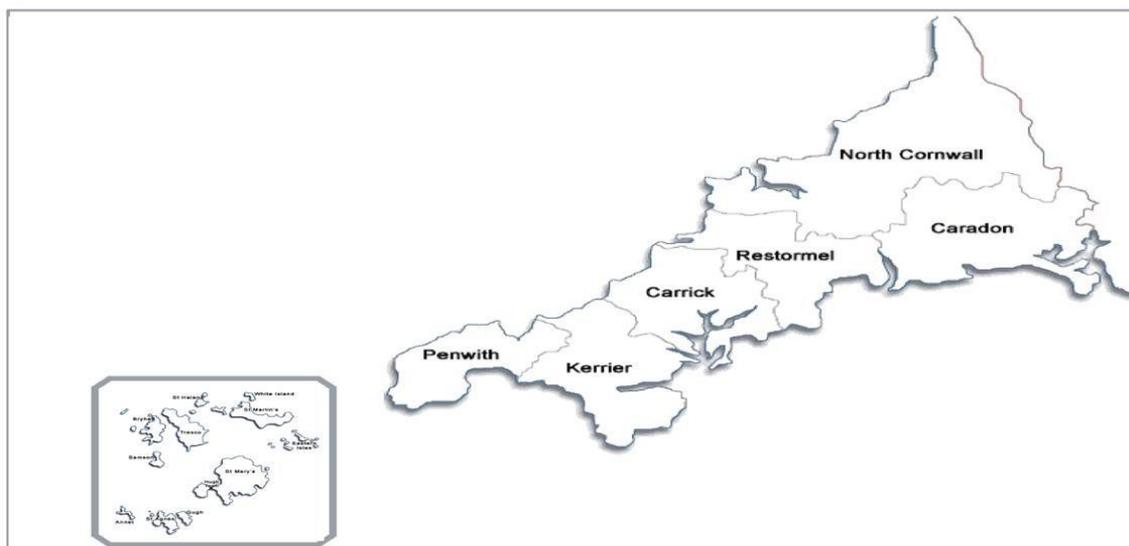
Launceston Medical Centre	19, 081
Wadebridge & Camel Estuary	7 807
The Medical Centre (Camelford)	3 531
Bottreaux Surgery (Boscastle)	4 803
Stratton Medical Centre	10 890
Neetside Surgery (Bude)	5 947

**52, 059**

This post serves people aged 18 - 75 years amounting to approximately 34,610 people (approx. 29,400 MINI 2K, population weighted for deprivation). The service is supported by inpatient facilities at Fletcher Ward, Bodmin Hospital. The post is community based and without in-patient responsibility. The patch covers a mixed urban and rural setting with a dispersed population.

## 2. The County

Cornwall is a rural and maritime county with a population of around 549,400 residents (2015). Its population has grown consistently since the 1960s, after nearly 100 years of gradual population decline. It has been one of the fastest growing areas of the UK. It is the second largest County in this region at 1,374 sq miles and has the longest coastline of all English counties at 433 miles. Cornwall itself has a distinctive peninsular form with a long, indented coastline.



The sea forms the northern, southern and western boundaries, with the River Tamar forming the eastern border with Devon. The geographical position makes it one of the most remote, peripheral and isolated parts of Britain. Historically, mining and agriculture were the primary industries in Cornwall. Today, the service sector is now dominated by public services, tourism, retail and manufacturing as the largest employing sectors in Cornwall. Despite this, we remain essentially rural in character, with much of the land still used for agriculture.

The population of the County changes significantly during the summer months. Over the course of a year more than 4 million tourists visit Cornwall. In the height of the season in August there are an extra 270,000 people in the County, an increase of more than 50% of the resident population.

Cornwall Council is a unitary authority for Cornwall & the Isles of Scilly. The Cornwall and Isles of Scilly Integrated Care Board (ICB) is part of the wider Cornwall and Isles of Scilly Integrated Care System (ICS), which is a partnership of health and care organisations who plan and deliver services in Cornwall and the Isles of Scilly. The ICB is the body responsible for providing NHS services in Cornwall and the Isles of Scilly and replaces the former Kernow Clinical Commissioning Group (CCG). Cornwall has 58 GP practices which are organised into 16 Primary Care Networks (PCNs) within three Integrated Care Areas (ICAs).

### **3. Trust Details**

Cornwall Partnership NHS Foundation Trust (CFT) is the principal provider of mental health, learning disability and universal children's and adult community services to people living in Cornwall and the Isles of Scilly. We have recently acquired the IAPT service for Cornwall.

The Trust employs 3,700 people with an annual budget in the region of £180 million and is one of the largest local employers. The Trust was formed as a specialist provider in April 2002 following re-organisation of local NHS Trusts. It was licensed as a Foundation Trust in March 2010 and acquired community children's services in April

2011 and adult community services in April 2016.

**Members of the Board of Directors:**

**Chair:** Margaret Schwarz

**Chief Executive Officer:** Debbie Richards

**Chief Operating Officer:** Tamsyn Anderson

**Chief Nursing Officer:** Kim O’Keeffe

**Executive Director of Finance:** Adie Perry

**Chief Medical Officer:** Adrian Flynn

**Chief Information Officer:** Kelvyn Hipperson

**Executive Director of Integrated Governance:** Caroline White

**Interim Executive Director of HR and OD:** Helen Wilding

**Non-Executive Directors:** Adrian Davis, Amanda Stratford, Tracie North, Julie Stone, David Harland, Jane Abraham, Mark Duddridge, Dean Harvey, & Justin Olosunde.

**Vision and values**

As an organisation, Cornwall Foundation Trust has set out a vision of *delivering high quality care*.

Our vision is underpinned by a set of updated strategic objectives:

- Great care
  - We will deliver safe, high-quality, consistent and personalised care based on best practice. We are working to be a responsive organisation that listens and learns.
- Great organisation
  - We work to be a green organisation, and our sustainability plan will deliver NHS net zero targets. We will support quality care, research, and innovation. All our work will be underpinned by clear and transparent principles and systems.
- Great people
  - We will work together with our staff to create an organisation that supports our collective health and wellbeing. We will attract, retain and develop great people, and embed a caring, open, inclusive and restorative just culture that supports us to deliver quality care.
- Great partner
  - With our partners we will deliver health care that improves people’s quality of life, prevents ill health and reduces inequalities. We will spend our money wisely to achieve high quality outcomes that matter to local people.

These objectives are supported by our **care** values which are:

**Compassionate services**

**Achieving high standards**

**Respecting individuals**

## Empowering people

The Trust has a commitment to managing diversity through equality within employment and equity and fairness for all staff. It is signed up to the Single Equality Scheme.

## 4. Service Details

### Community mental health services

#### Community Mental Health Teams (CMHTs)

Cornwall has six CMHTs based across the county. These are currently being aligned to three Integrated Care Areas (ICAs) across Cornwall, but this work is in its early stages. CMHTs provide assessment and treatment for adults with serious mental disorders. This includes dual diagnosis working with substance misuse and care for patients with borderline or mild learning disability with co-morbid major mental illness. Hub meetings occur with local GP practices, but there is a move towards closer primary care interface working as part of mental health transformation.

#### Home Treatment

There is a Home Treatment Team (HTT) for each half of Cornwall, though CMHT consultants remain responsible for their patients using this service. There are Specialty Doctor posts within Home Treatment teams and plans for new investment into medical input.

#### Eating disorders

There is a county-wide specialist Eating Disorder Service who provide outpatient treatment. At present CMHT consultants retain responsibility for the psychiatric care of eating disorder patients, but funding is currently in place to recruit a full-time consultant in eating disorders as part of service growth and development.

#### Complex Emotional Difficulties

There is a county-wide Complex Emotional Difficulties Team (formerly personality disorder service) who provide consultation and psychological therapy for these patients.

#### Forensic Service

There is a Community Forensic Service for Cornwall with a consultant forensic psychiatrist who takes responsibility for most patients on restriction orders. They offer a consultation service for other community mental health services.

#### Criminal Justice Liaison and Diversion

Supporting police and custody services with assessment of mentally disordered and distressed individuals.

#### Early Intervention in Psychosis

Two teams cover the county with a consultant psychiatrist in post for the service.

#### Liaison Psychiatry

Two liaison psychiatrists and a CORE24 liaison psychiatry service provide cover for the acute hospital in Truro (the Royal Cornwall Hospital Treliske).

### Day Resource Centers

A network of day resource centers provide support to patients on CMHT caseloads. Within the North Cornwall area the local center is Trelil Court in Bodmin.

## **Adult inpatient mental health services**

The medical psychiatric workforce in Cornwall has recently undergone a transition from a sector-based 'continuity' model of care, towards a 'functional' divide with dedicated inpatient consultant psychiatrists for each acute ward.

### Bodmin

The hospital site is a community base for several general adult and old age consultant psychiatrists and other specialties. There is a minor injury unit, dental service, and ECT suite on site.

Fletcher ward is an 18 bed acute psychiatric ward serving the East locality. There are close links with the East Home Treatment Team who 'gate-keep' admissions and facilitate early discharge.

The Bodmin site is also home to Fettle House, a 12 bedded open inpatient rehabilitation unit. The aim of the unit is to help people live more independently. Fettle House has recently established a community rehabilitation service with a newly appointment community consultant rehabilitation psychiatrist.

There are two other county-wide inpatient services on the Bodmin site. Harvest ward is an 8 bed mixed-sex psychiatric intensive care unit (PICU) and Bowman ward is a 12 bed male low-secure unit. Each has its own consultant psychiatrist.

### Longreach

Longreach Hospital in Redruth has admission beds predominantly for the west and mid localities. Perran and Carbis wards are purpose built acute psychiatric wards with 15 ensuite bedrooms. Cove ward is a 14 bed ward and offers inpatient care for a more vulnerable acute patient cohort or those with complex discharge planning needs. The Camborne/Redruth site also has the Section 136 suite, community hospital facilities, and a minor injury unit.

## **Other service lines**

### Dementia and complex care

Garner ward, on the Bodmin Hospital site, is a 16 bed unit specializing in the care of people with dementia. There are community mental health teams for older adults with complex co-morbidity associated with aging and dementia, as well as adults over the age of 75 with functional mental health problems. There is a community memory assessment service.

### Learning disability

A specialist adult community learning disability service is provided by two teams in the East and West of the county, as well as an Intensive Support Team.

### Children's services

The trust provides community services for children and adolescents up to 18 years of age. Sowenna is a purpose-built tier 4 CAMHS inpatient unit based on the Bodmin Hospital site. There are children's eating disorder and learning disability teams.

### Adult community services

The trust also provides community hospitals, community nursing, and some acute GP services.

## **5. Local Working Arrangements**

This appointment is for a Consultant in General Adult Psychiatry, covering North Cornwall, and is one of a growing number of consultant posts for general adult psychiatry in Cornwall.

The post holder will cover the district council area of North Cornwall. The total district population is approximately 95,000, covered by one CMHT with two consultant psychiatrists. There is a planned programme of demand and capacity mapping funded by Health Education England (CLEAR – Clinically-Led workforce Activity and Redesign) across community mental health services in Cornwall.

The post-holder will cover surgeries in Launceston, Wadebridge, Camelford, Boscastle, and Bude. Outpatient clinics are held throughout different locations in the patch, as per the indicative timetable below.

The Consultant contributes to clinical leadership within the team but is only medically responsible for individuals that he/she has contact with. The consultant is not expected to care co-ordinate.

The post is supported by a 1.0 w.t.e Foundation Trainee (F2) who works under the consultant's supervision. There is also a GP trainee attached to the other team consultant. Trainees are primarily community-based but will also have on-call duty commitments to the inpatient services. The consultant will be Clinical Supervisor for the Foundation Trainee, and such weekly supervision time will be ring-fenced. The Educational Supervisor will be within the local Acute Trust.

The North Cornwall Adult Mental Health members working with the team are as follows:

## North Cornwall Integrated Community Mental Health Team

1 x WTE Consultant Psychiatrist  
1 x WTE Foundation Year 2 Doctor  
1 x WTE Medical Secretary

Band 7	1 X WTE	Team Manager
Band 8a	1 x WTE	Psychologist (assisted by 2 x WTE Assistant Psychologists)
Band 6	1 x WTE	Occupational Therapist
Band 6	2.8 x WTE	Clinical Assistant Psychologist (and trainee Clinical Assistant Psychologists)
Band 6	6 x WTE	Care Co-ordinator
Band 6	2 x WTE	Assessment Practitioner (who sit in SPOA team alongside CMHT)
Band 5	2.8 x WTE	Care Co-ordinator
	0.5 WTE	Senior Practitioner (currently vacant)
	2 x WTE	AMHP
	5 x WTE	Mental health well-being practitioners
Band 4	1 x WTE	HCA
Band 3	3.6 x WTE	HCA
	1 WTE	Individual Placement Support (IPS) Worker (Employed by a partner organisation Pentreath)

## 6. CPD and Personal Development

The post holder will be expected to remain in good standing with Continuing Professional Development (CPD) as recommended by the Royal College of Psychiatrists. Psychiatrists will belong to a peer group for personal development both within the organisation and externally if preferred. This is also the mechanism for supervision. This is usually with local colleagues in General Adult Psychiatry but external peer groups are also encouraged to facilitate specialist networks.

The successful candidate will develop personal development plans for lifelong learning. Consultants are encouraged to participate actively in multi-source 360-degree feedback as recommended by the Royal College of Psychiatrists.

Study leave is agreed with the CMO and is kept within the terms and conditions of service for medical and dental staff. Each individual Consultant has an annual allowance of £1,250 for study leave expenses, with time in line with national terms and conditions.

There is an active and popular monthly CPD programme. The CPD co-ordinator is Dr Jane Boydell. There is a large medical library in Truro and a smaller sub-branch in Bodmin hospital.

The South West provides and supports a voluntary mentorship scheme for newly

appointed consultants. The post holder would be invited to take up the offer of mentorship with an experienced consultant. We encourage active engagement in the Startwell scheme and have a group of newly appointed consultants that meet regularly. In addition there is a senior doctor Balint group that the post holder would be welcome to attend.

## **7. Clinical Leadership and Medical Management**

There is an active Senior Medical Staff Committee. The CMO is responsible for professional performance as implicit in the Medical (Professional Performance) Act 1995.

Clinical services are currently aligned to two directorates: mental health and community services. Dementia and older persons mental health currently sits within the community services structure.

The mental health directorate has a series of newly established 'quadrumvirate' leadership teams, headed by the Director of Mental Health Services, the Associate Medical Director for Mental Health, the Associate Director of Mental Health and Learning Disability Nursing, and the Chief Psychological Professions Officer.

There are three service lines, each headed by a leadership quadrumvirate of a Clinical Director, Associate Director of Operations, Head of Nursing/AHPs, and a Head of Psychological Professions. The three services lines are: children's services, community mental health, and inpatient/crisis mental health.

Certain line management responsibilities will lie with the Clinical Director for community mental health (who is in turn line managed by the AMD, and CMO). The trust is in a process of leadership re-design to improve clinical engagement in service development and strategic planning, so this is an exciting time for the post-holder to develop clinical leadership responsibilities in collaboration with others.

## **8. Appraisal and Job Planning**

The Trust requires annual Consultant appraisal, outlined in the NHS Executive Advance Letters AL (MD) 6/00 and AL (MD) 5/01 and Assuring the Quality of Medical Appraisal and Revalidation (AQMAR). The Trust requires annual consultant appraisal, suitable for revalidation. Appraisers are peer consultants who have received training in appraisal.

Job planning is undertaken annually, or whenever necessary as circumstances require. The process will be overseen by the Clinical Director, Associate Medical Director, or CMO.

## **9. Teaching and Training**

The Consultant has the opportunity to further develop teaching of undergraduate medical students from the Exeter Medical School. The consultant would also be

encouraged to become involved in the feedback sessions at the end of the student's placement. There is also the possibility of offering special study units to medical students. An honorary title may be available to qualified staff engaged in the undergraduate teaching programme.

Other teaching opportunities include, but are not limited to:

- Lectures to junior medical staff and participation in case conferences
- Occasional lectures to nursing and other staff
- Training to improve supervision and teaching skills
- Participation in the training of other disciplines.
- Taking part in continuing medical education within statutory limits.

A lifelong learning co-ordinator supports the delivery of teaching and training for medical staff within the trust. The Clinical Tutor is Dr Charlotte Young, and the Director of Medical Education is Dr Celice McDermott.

## **10. Research**

CFT is a research active NHS Trust. We have a Research Team of 18 staff and an annual funding of approx. £400,000 per year. We recruit to over 30 national studies annually through the NIHR Local Clinical Research Network. We usually recruit over 500 patients per year to studies. We are also a national leader in research in intellectual disabilities, especially in epilepsy. The Cornwall Intellectual Disability and Epilepsy Research Centre (CIDER) is led by Prof. Rohit Shankar.

The Research Lead is Dr Richard Laugharne. We strongly encourage consultants to be Principal Investigators in NIHR Portfolio studies. If a PI in a pharmaceutical study, you will receive funding you can use for your own studies or projects.

The Trust strongly encourages trainees to get involved in research and many papers are published by medical students, trainees and senior doctors each year. There are also Academic Clinical Fellows working as trainees within the Trust.

There are strong links with Exeter University Medical School and Falmouth University. We have grant funded studies at the Trust.

## **11. Secretarial Support & Office Facilities**

There will be a full-time medical secretary for the medical team (consultant and trainee). The consultant will have an individual office at the team base in Bodmin, taking into account the need for confidentiality, security of information, and supervision requirements of the post. Clinical space is available in other bases within the east locality. A laptop will be supplied with internet connection and IT support. CFT uses RiO which is a computer-based patient record system. A degree of flexible home working can be integrated into the working week.

## **12. Clinical Duties Of Post-holder**

The post holder will act as Consultant Psychiatrist for people from the age of 18 referred from within the catchment area, within a multidisciplinary team setting. This will be done by providing outpatient services within the catchment area. This will likely include a blend of face-to-face review in outpatient clinics, home visits, and use of alternative technologies such as telephone review and video consultation software (the Trust uses 'Attend Anywhere'). Supervision of the clinical work of the trainee will also be required, with at least one hour of formal supervision time each week. The post holder will have the opportunity to apply to be a trainer for higher psychiatric trainees provided certain conditions are met.

Attendance at the CMHT multidisciplinary team meetings is expected to discuss new referrals and existing caseload patients. The consultant will contribute towards the formulation and management of complex cases and provide support to team members.

The post holder will be expected to maintain close working relationships with colleagues in inpatient services concerning the care of patients from within their patch. Close ties will also be necessary with the Home Treatment Team regarding the medical care of catchment area patients.

The post holder must be approved under the Section 12 (2) of the Mental Health Act 1983 and be an Approved Clinician or be eligible for such approval and willing to undertake training to obtain this status. The post holder will need to be able to provide medical representation as appropriate under the act.

The trust is adopting a 'triumvirate' structure of clinical leadership throughout the organizational hierarchy. The post holder will therefore be expected to provide clinical leadership within the team alongside the team manager and team clinical psychologist. Good working relationships will be needed with colleagues in various other community teams to improve the care of our patients at these interfaces, including early intervention in psychosis services and liaison psychiatry.

As part of the current programme of community mental health transformation, the post-holder will be expected to increase ties with primary care to provide advice and liaison. There is no set formula for how this liaison is to be provided, and support will be available from the community transformation team to establish links. A successful pilot model in the Trust is that of regular primary care MDTs. The hope is to improve the provision of patient care across the spectrum of need and address the needs of the 'gap' population of patients who have historically fallen between primary and secondary care. To support this, funding has been available for the development of primary care mental health teams to include CPNs and other multi-professional roles.

### 13. Activity

The approximate direct clinical activity in the patch is as follows:

	New	F/U	Total Outpatients seen
Outpatients booked	200	200	360 per year (with estimated 10% non-attendance)

Outpatients seen	6 – 10 per week (2 – 3 sessions)
Trainee	4 – 6 per week (2 – 3 sessions)
Typical number of patch patients on Home Treatment Team caseload	1 – 2
Typical number of inpatients from the patch	3 – 6
Average number of CTO patients	3

Over the past three years, the North Cornwall CMHT has seen an average of 78 referrals per month to the Single Point of Access clinicians. The majority of these will not end up being taken on to the CMHT caseload, and only a minority will require consultant review (see activity above).

### 14. Clinical Governance

Accountability for Clinical Governance rests with Executive Director of Integrated Governance.

The postholder is expected to contribute to Clinical Governance activity and take responsibility for setting and monitoring standards. This includes participation in:

- Service/team evaluation and the planning of future service developments
- Clinical audit
- Clinical effectiveness, with an emphasis on better use of outcome data
- Complaints
- Legal issues and claims
- Risk Management/Patient Safety including controls assurance
- Mortality reviews/Incident investigations
- Safeguarding children and vulnerable adults

### 15. General Duties

- To manage, appraise, and give professional supervision to junior medical staff as agreed between Consultant colleagues and the Medical Director and in accordance with the Trust's personnel policies and procedures. This may include assessing competencies under the MMC framework.
- To support junior medical staff working with the post holder to operate within the parameters of the new Junior Doctor Contract.

- To undertake the administrative duties associated with the care of patients, including data entry on RiO, the electronic patient record.
- To record accurately and comprehensively, clinical activity and submit this promptly to the Information Department.
- To participate in service and business planning activity for the adult services (hospital and community), and as appropriate, for the whole Mental Health Service.
- To participate in annual appraisal for consultants.
- To attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.
- To maintain professional registration with the General Medical Council, Mental Health Act Section 12 (2) and Responsible Clinician approval and abide by Professional Codes of Conduct.
- To participate annually in a job plan review with the CMO/AMD/CD, which will include consultation in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.
- The post holder will be expected to work with local managers and professional colleagues in ensuring the efficient running of services and share with consultant colleagues in the medical contribution to management.
- To comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the Medical Director and other managers in preparing plans for services.

## **16. External Duties and Responsibilities**

The Trust actively supports the involvement of the consultant body in regional and national groups subject to discussion and approval with the CMO and, as necessary, the Chief Executive Officer.

## **17. Other Duties**

From time to time it may be necessary for the post holder to carry out such other duties as may be assigned, for example emergency planning, with agreement by the Trust. It is expected that the post holder will not unreasonably withhold agreement to any reasonable proposed changes which the Trust might make.

## **18. Work Programme**

It is envisaged that the post holder will work 10 programmed activities per week. Following appointment there will be a meeting at no later than 3 months with the Clinical Manager to review and revise the job plan and objectives of the post holder. The overall split of the programmed activities is 7.5 to be devoted to Direct Clinical Care and 2.5 to Supporting Professional Activities.

The timetable in section 21 below is indicative only. A formal job plan will be agreed between the post holder and CMO or Clinical Director three months after commencing the post and at least annually thereafter.

## 19. On Call and Cover Arrangements

- There is an expectation that the post holder will join the countywide consultant on call rota covering all specialties, General Adult, Complex Care & Dementia, Child & Adolescent, Learning Disability. The Responsible Clinician rota is approximately a 1:10, category A. The separate section 12 rota is also approximately a 1:10, paid at category A.
- On call supplement is payable if on call undertaken. This is currently 3%.
- The post holder will be responsible for cross covering arrangements with their paired consultant colleague in the CMHT during planned leave. Cover during Supported Professional Activities is for local negotiation with colleagues, primarily within the locality.

### Terms and Conditions

National terms and conditions for medical and dental staff apply. Pay is in accordance with Pay Circular (M&D) 3/2013. Full details are available at: [www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/Pages/Medicalpay.aspx](http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/Pages/Medicalpay.aspx)

## 20. Staff Wellbeing

Cornwall Partnership NHS Foundation Trust shares an Occupational Health department with the Royal Cornwall Hospital. They play a vital role in the Trust by helping to promote and protect the mental and physical wellbeing of our people at work, offering independent advice to both our managers and employees on health, the working environment, any health risks associated with the workplace and any occupational implications.

Their services include:

- health protection
- vaccination programmes
- statutory health surveillance
- rehabilitation and return to work planning
- disability advice
- ill-health retirement assessments
- management of existing work-related health problems
- health and wellbeing advice
- pre-placement health clearance
- workstation assessments

You can either make a self-referral to this service or speak to your line manager who can make a referral on your behalf. The successful candidate will be asked to complete an Occupational Health pre-employment questionnaire. When in post you can find useful resources on the following Trust intranet Occupational Health page:

<https://intranet.cornwallft.nhs.uk/occupational-health>

Occupational Health can be contacted at:  
Occupational Health: Pendeen House  
Royal Cornwall Hospital  
Truro, Cornwall  
TR1 3LJ  
01872 252770  
rcht.occhealth@nhs.net  
Fax: 01872 25 3184

The Trust also has a wide range of other resources to help to promote staff wellbeing. These include:

- Medical Staffing Department
- Local staff wellbeing support line: 01872 255 757 (available Mon-Fri 9am-5pm)
- National out of hours staff support line: 0300 131 7000 (7 days a week, 7am-11pm) Text FRONTLINE to 85258 for 24-hour support
- Trust wide Schwartz rounds
- Outlook South West IAPT Services
- Wellbeing Support Champions
- An opt-in buddy system
- Vivup Staff Employee Assistance Programme 24/7
- Bitesize coaching for frontline clinical leaders & managers
- Kickstart your health
- Mid-life MOT project
- Chaplaincy Services
- Financial wellbeing support
- Free Access to the Headspace App
- Support with stress, burnout, fear and anxiety

For further information on wellbeing services available throughout the Trust please visit the Trust intranet:

<https://intranet.cornwallft.nhs.uk/health-and-wellbeing-support>

The successful candidate will also be invited to join a Consultant Peer Group for the General Adult Consultants covering the east of Cornwall and our senior medical staffing Balint group. These groups, alongside access to support from senior managers can provide valuable support, especially where serious incidents have occurred.

## **21. Visiting Arrangements**

Candidates should be aware that canvassing of any member of the Advisory Appointments Committee is not permitted. However, this should not deter candidates from informally approaching any person for further information about the post.

Candidates wishing to visit the hospitals or community teams and to discuss the position should contact:

Dr Adrian Flynn Chief Medical Officer Trust Headquarters, Carew House, Beacon Technology Park, Bodmin PL31 2QN  01208 834619	Dr Bernadette Rheeder Associate Medical Director Centre for Mental Health and Justice, Bodmin Police Hub, Tollgate Road, Bodmin, PL2 1 2FJ  01208 834741	Dr Ashley Broom Clinical Director for Adult Community Mental Truro Health Park, Infirmary Hill, Truro, TR1 2JA  01872 246872
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22. Draft Timetable:

Day	Time	Location	Work	Category
<b>Monday</b>	AM	Launceston	Clinic	DCC
	PM	Launceston	Admin, GP hub meetings	DCC
<b>Tuesday</b>	AM	Bodmin	Clinic	DCC
	PM	Bodmin	CMHT MDT/Team consultation	DCC
<b>Wednesday</b>	AM	Flexible	Variable: Grand round/SMSC/General adult psychiatry meeting/Peer group/CPD	SPA
	PM	Bodmin	Professional's meetings Admin Audit/Research Service development	DCC/SPA
<b>Thursday</b>	AM	Bude	Clinic	DCC
	PM	Bude	GP hub meetings/primary care liaison work/Admin	DCC
<b>Friday</b>	AM	Bodmin	Home visits/Home Treatment Team review/Admin Supervision	DCC
	PM	Bodmin	Teaching/Audit/Research	SPA
<b>Unpredictable emergency on call work</b>				
<b>TOTAL PAs</b>		Direct Clinical Care	7.5	
		Supporting Activities	2.5	

23.

**Person Specification/Selection Criteria**

<b>Requirements</b>	<b>Essential</b>	<b>Desirable</b>	<b>Demonstrated By</b>
<b>1. Qualifications &amp; Training</b>	<i>Recognised basic medical degree Full GMC registration Eligibility for Section 12 and AC Approval Inclusion (or eligibility for inclusion) on the Specialist Register or a Specialty Trainee within 6 months of gaining CCT</i>	<i>Relevant Higher Degree e.g. MD, PhD, MSc or other additional clinical qualifications Section 12 and AC Approval MRCPsych Completion of Clinical and Educational Supervisor Training</i>	<i>Application</i>
<b>2. Experience</b>	<i>Experience in assessing and treating mental health patients in out-patient and community settings. Knowledge and evidence of participation in CPD</i>	<i>Experience of working across different services within mental health. Other relevant experience, e.g. specific psychological therapies. Qualifications or experience in managing physical illness.</i>	<i>Application /Interview</i>
<b>3. Skills</b>	<i>Previous experience in taking a leadership role in several multi-disciplinary teams, ensuring high quality care and staff morale. Ability to manage own time, workload and prioritise clinical</i>	<i>Evidence of specific achievements that demonstrate leadership skills.</i>	<i>Application /Interview/ Reference</i>

	<p><i>work.</i></p> <p><i>Ability to appraise own performance</i></p> <p><i>Excellent written and oral communication skills</i></p>		
<b>4. Knowledge</b>	<p><i>Understanding of the management skills required to function successfully as a Consultant</i></p> <p><i>Ability to use IT, including e-mail and the internet</i></p> <p><i>Knowledge of risk management.</i></p> <p><i>Understanding of policies and service systems for people with mental illnesses.</i></p> <p><i>Knowledge of recent developments and drug advances in the psychiatry specialty applied for.</i></p>	<p><i>Knowledge of recent changes in case law in relation to Mental Health.</i></p> <p><i>Knowledge of recent changes in the NHS.</i></p>	<i>Application /Interview/ Reference</i>
<b>5. Teaching</b>	<p><i>Commitment to and experience of undergraduate and postgraduate learning and multi-disciplinary teaching.</i></p> <p><i>Understanding of the principles of teaching.</i></p>	<p><i>Organisation of further teaching programmes in medical education or multi professional education.</i></p> <p><i>DipEd Postgraduate teaching qualification or equivalent.</i></p>	<i>Application /Interview</i>
<b>6. Research and Audit</b>	<p><i>Ability to critically appraise published research</i></p> <p><i>Experience of carrying out an audit project</i></p>	<p><i>Experience of involvement in a research project and publication</i></p> <p><i>Interest in research</i></p>	<i>Application /Interview</i>
<b>7. Management</b>	<p><i>Knowledge of the management and structure of the NHS</i></p>	<p><i>Evidence of management training</i></p> <p><i>Previous management</i></p>	<i>Application /Interview</i>

		<p>experience Evidence of a management project</p>	
<p><b>8. Aptitude and Personal qualities</b></p>	<p><i>Positive attitude to people with mental health illness. Ability to deal effectively with pressure Thoroughness and attention to detail Excellent interpersonal skills and the ability to communicate effectively Reliable and honest Flexible approach to working practice Positive approach to the job planning and appraisal process</i></p>	<p><i>Evidence of Leadership Attributes Motivational Skills Commitment to service development Commitment to enabling people with mental health illness to live well and to minimise the effects of social disability. Evidence of involvement in partnership with other agencies</i></p>	<p><i>Interview/ Reference</i></p>
<p><b>9. Other Requirements</b></p>	<p><i>Able to fulfil the travel requirements of the post Able to fulfil all duties of post including on-call Satisfactory clearances from enhanced DBS disclosure and Health checks</i></p>		<p><i>Application /Interview/ post interview process</i></p>